

Wisconsin Department of Commerce

Brownfields Prospect Data Sheet

TO BE COMPLETED BY COMMERCE:		
Prospect No:	ADM:	Date Pre-App. Submitted:

PROSPECT/APPLICANT INFORMATION

Legal Name:						
Applicant Type:	<input type="checkbox"/> C Corp	<input type="checkbox"/> S Corp	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> City	<input type="checkbox"/> Town	<input type="checkbox"/> Village	<input type="checkbox"/> County	<input type="checkbox"/> Non-Profit/Trustee	<input type="checkbox"/> Individual	
FEIN #: <small>(Federal Employee Identification Number –Tax ID or Social Security Number)</small>				State of Organization: <small>(Per Articles of Incorporation/Organization)</small>		
Address:						
City, State, Zip:						
Tele. #:			Fax #:			
WWW:						

Individual To Contact Regarding Questions About The Applicant:
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Co. Contact:	Title:
Address:	
City, State, Zip:	
Tele. #:	Fax #:
Email Address:	

Individual To Contact Regarding Questions About The Project:
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Project Contact:	Title:
Address:	
City, State, Zip:	
Tele. #:	Fax #:
Email Address:	

BUSINESS INFORMATION

Date Established:	SIC or NAICS:
Minority Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, the Minority Classification is: <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Eskimo/Aleut <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> African American	
Women Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Owned by a Person with a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Country: _____ % of ownership: _____	
Primary Product or Service:	

Total Company Employment:	Full Time:	Part Time:
Total Wisconsin Employment:	Full Time:	Part Time:
Total Project Location Employment:	Full Time:	Part Time:
% of Project Location Full Time Employees that are WI Residents:		

Provide the Following for All Other Existing Wisconsin Operations:	
Address(Street, City, Zip):	Number of Full Time Employees:

INITIAL ELIGIBILITY

Please provide the following to demonstrate eligibility:

Yes No

- ☐ ☐ 1. The property is a former industrial or commercial facility that is contaminated or is perceived to be contaminated.
- ☐ ☐ 2. The party that caused the environmental contamination on the subject property is unknown, cannot be located or is financially unable to pay for the cost of the cleanup.
- (a) List of previous site owners/occupants from a Phase I Assessment or a title search
- (b) Statement declaring that a search was conducted to determine if the parties that caused contamination are unknown, can't be located, or are financially unable to pay
- (c) Bankruptcy statements, Department of Financial Institutions dissolutions, or other supportive documents that show a causer is no longer in existence
- (d) Financial statements that demonstrate the causer can not financially pay for cleanup
- ☐ ☐ 3. Any person(s) who possessed or controlled the environmental contaminant(s) before the contaminant was released are unknown, cannot be located or is are financially unable to pay.
- ☐ ☐ 4. The applicant will use all grant proceeds for brownfields redevelopment or associated environmental remediation activities.
- ☐ ☐ 5. Phase I and II Environmental Assessments that encompass the *entire* project site.

Contact the Brownfields Staff for eligibility information if any answers in Section C are "NO"

GRANT REQUEST

- | | |
|--|--|
| <input type="checkbox"/> Category 1 Not to exceed \$300,000 | Minimum Match: 20% of total project costs |
| <input type="checkbox"/> Category 2 Greater than \$300,000, but not to exceed \$700,000 | Minimum Match: 35% of total project costs |
| <input type="checkbox"/> Category 3 Greater than \$700,000, but not to exceed \$1,250,000 | Minimum Match: 50% of total project costs |

Grant Request: \$	Total Project Cost: \$	Applicant Match: \$
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SITE DETAILS

Project Location: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of:		County:
Project Street Address:		Site Size (Acres)
Current Zoning:		Proposed Zoning:
Current Assessed Value:		Projected Assessed Value:
Is the property located in a state or federal enterprise development zone?		
Current Owner of Property:		
If you (applicant) expect to obtain ownership, when will this occur?		
What steps will be taken to obtain ownership?		
<input type="checkbox"/> Condemnation <input type="checkbox"/> Purchase (attach purchase agreement) <input type="checkbox"/> Tax Delinquency		
<input type="checkbox"/> Other: _____		
Will the current owner, or applicant expecting to obtain ownership, remain the legal owner of the project site for five years following receipt of the award? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PROJECT TIME-LINE

Secure all financing by:	Break ground/lease by:
Begin operations/occupancy by:	Achieve full operations/occupancy by:

REDEVELOPMENT NARRATIVES

Please provide detailed descriptions regarding the following aspects of your project:

1. **Project Implementation:** Describe the project including environmental activities, brownfield redevelopment and a project implementation schedule (two page limit). Include detailed descriptions of intended property transactions that will occur over the next five years.
2. **Project Need:** Why is state funding needed at this site? Are there any other sources of income? For example, can project funds be generated by the sale of the property, or by agreements with parties responsible for the contamination (one page limit)?
3. **Project Financing:** Describe the various methods that will be used to fund the project and include the progress of establishing or receiving funds (one page limit). Attach supporting documentation that demonstrates the success of obtaining financing (e.g. commitment letters from lending institutions, municipal resolutions for financing or TID creation).
4. **Project Innovativeness:** Address the unique aspects of the project. Discuss innovative remediation, innovative reuse, community involvement and unique private/public partnerships. Is the project a component of the community plan? Does it complement Grow WI? (one page limit).
5. **Economic Development Potential:** Describe the potential for the project to promote economic development in the area. A response should consider the impact on the area's economic distress and any other factors of significant impact (two-page limit).

PROJECT BUDGET

Complete the attached budget and indicate project activities, date of past costs, and sources of match investment.

EMPLOYMENT COMMITMENTS

Full Time Positions Only (2,080 hours/year)

Positions Retained		Position Title	Positions Created						
			Year One		Year Two #	Year Three #	Year Four #	Year Five #	Total Retained & Created
Average Hrly Wage	Number Retained		Avg. Starting Hourly Wage	Number Created					

BENEFIT INFORMATION

Check (✓) the Health Insurance Provided to Employees:	<input type="checkbox"/> None	<input type="checkbox"/> Individual	<input type="checkbox"/> Family
Percent of Health Insurance Premium Paid by Company:		%	%
Average Deductible Paid by Employee:		\$	\$
Other Benefits Provided to the Majority of the Workforce: <input type="checkbox"/> Life Insurance <input type="checkbox"/> Pension <input type="checkbox"/> 401(k) <input type="checkbox"/> Childcare <input type="checkbox"/> Tuition Reimbursement <input type="checkbox"/> Other: (Specify)			
Will new employees be provided with substantially the same benefits as described above: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Attach letters from end users that are committed to occupy the site and create the full-time positions. Letters should confirm the positions to be created, the hourly wage, and benefits offered for each position.			

PROJECTED JOB CREATION

How many full-time jobs will likely be created at the project site but are not currently committed by the applicant or specific end users: _____

A detailed justification of this estimate should be provided in the Economic Development Potential narrative requested above.

SUMMARY OF HISTORICAL FINANCIAL INFORMATION			
FYE	___/___/___	___/___/___	___/___/___
Total Sales			
Net Income			
Total Assets			
Total Liabilities			
Equity			
WI Income Tax Liability (C Corporations Only)			

OWNERSHIP INFORMATION (unless publicly owned)		
Name: (First, Middle Initial, Last)	Phone Number	Ownership %*
1.		
2.		
3.		
4.		
All Others:		
<small>*Personal Financial Statements are required for all owners with 20% or more. The Department may order a personal credit report on each individual that owns 20% or more of the company as well as a Dun and Bradstreet report on the applicant.</small>		100%

LEGAL INFORMATION	YES/NO
Has the applicant, any officer, subsidiary or affiliate been involved in any lawsuits in the last 36 months or have any lawsuits pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant, any officer, subsidiary or affiliate had any civil or criminal charges in the last 36 months or have any charges pending that could have a material adverse impact on the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant, company, any officer, subsidiary or affiliate ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant, any officer, subsidiary or affiliate have any outstanding tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach a detailed explanation of any YES responses.	

REGULATORY INFORMATION	
D. DNR Project Manager Name and Address	Telephone Number:
_____	Fax Number:
_____	E-mail Address:

Indicate the various WDNR case numbers or BRRTS #'s that have been assigned to the project site:	
1) _____	2) _____ 3) _____

STATE REIMBURSABLE COSTS	
1) Does petroleum, dry-cleaning solvents, agricultural products contaminate the site?	Yes No <input type="checkbox"/> <input type="checkbox"/>
2) If Yes, are the environmental costs eligible for reimbursement by the Petroleum Environmental Cleanup Fund (PECFA), the Dry Cleaner Environmental Response Fund (DERF), or Agricultural Chemical Cleanup Program (ACCP)?	<input type="checkbox"/> <input type="checkbox"/>
3) If Yes, have the reimbursable costs been placed under "Other Activities" in the project budget (page 6) and not under "Project Activities"?	<input type="checkbox"/> <input type="checkbox"/>
Please list any state environmental awards on the lower half of the attached budget.	

EXTENT AND DEGREE OF CONTAMINATION

Yes No Check the appropriate answers and attach or reference supporting documentation:

- ☐ ☐ 1. Is contamination present on the project site?
- ☐ ☐ 2. Is the soil contaminated above recommended cleanup levels for given chemicals?

If yes, list the contaminants: _____

- ☐ ☐ 3. Do contaminants exceed Direct Contact Risks established by the WDNR?

If yes, indicate the contaminant, the measured levels, and supporting documents demonstrating those levels (i.e. report, page number, table number): _____

- ☐ ☐ 4. Does the contamination pervade throughout the project site?

- ☐ ☐ 5. Is the groundwater contaminated?

If yes, list the contaminants: _____

- ☐ ☐ 6. Has a Preventative Action Limit been exceeded?

- ☐ ☐ 7. Has an Enforcement Standard been exceeded on the site?

- ☐ ☐ 8. Is the property a source of surface water contamination? (e.g. lakes, rivers, etc.)

If yes, identify the body of water and the distance from the contamination source. _____

- ☐ ☐ 9. Are any critical habitats such as wetlands threatened or affected?

- ☐ ☐ 10. Is drinking water *threatened* by contamination?

If yes, identify the source of drinking water and distance from the contamination plume. _____

- ☐ ☐ 11. Is drinking water *affected* by contamination?

If yes, identify the source of drinking water and distance from the contamination source. _____

- ☐ ☐ 12. Is there any air emissions or hazardous vapor migration?

ENVIRONMENTAL NARRATIVES

Please provide detailed descriptions and documentation of the environmental condition of the project site:

1. Provide a summary of the environmental condition of the site, the progress achieved in environmental investigation and remediation, and explanations of your answers in Section A including any safety concerns for the neighborhood or the community due to the contaminants (two page limit).
2. Provide copies of all Phase I and II Environmental Assessments performed on the project property. Also identify and provide copies of any subsequent environmental reports or correspondence produced that are relevant in demonstrating the progress of the environmental activities at your project site.
3. For any remediation activities that are estimated to be over \$25,000, please provide copies of any competitive bidding that you have undertaken. Special consideration will be given to projects where competitive bids have been used as a cost control measure.
4. Has contamination on the project property resulted in any lawsuits? If yes, attach a detailed explanation.

REQUIRED SUPPORTING DOCUMENTATION

Have you included the following?

Yes No

- ☐ ☐ 1. A map indicating the project location within its municipal jurisdiction and any specially designated federal, state or local economic or taxation zone encompassing the project site.
- ☐ ☐ 2. Photographs of the site and surrounding area.
- ☐ ☐ 3. History of the company's operations with resumes or short summaries of the current management team that detail relevant experience, education and length of time with the company.
- ☐ ☐ 4. Three years of historical financial statements that include balance sheets, cash flow statements and income statements.
- ☐ ☐ 5. A signed and dated personal financial statement for individuals owning 20% or more of the company.

CERTIFICATION STATEMENT

This application, and the information being submitted to Commerce, is true and correct to the best of my (our) knowledge. This also certifies that:

1. The applicant is in compliance with all laws, regulations, ordinances and orders of public authorities applicable to it.
2. Funds received under the Brownfields Grant program shall not replace funds from any other source including Agri-Chemical, Petroleum Environmental Cleanup Act and the Superfund.
3. The recipient of Brownfields Grant funds shall provide the Department with semi-annual project reports, financial reports, and a financial audit in accordance with the contract between parties.
4. The recipient of Brownfields Grant funds shall notify Commerce in writing within thirty (30) days of occurrence that may have a material adverse impact on the project.
5. The applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors.
6. The Department is authorized to obtain a credit check and Dunn and Bradstreet on the applicant, the business and/or the individual(s).
7. The recipient of Brownfields Grant funds shall enter into a contract with Commerce that may require, at the discretion of Commerce, a personal or business guarantee.
8. The applicant understands that unless it qualifies as trade secret, all information submitted to Commerce is subject to Wisconsin's Open Records Law.

The applicant requests that Commerce treat the following items as TRADE SECRET:

	Yes	No	NA
A. Personal financial statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Personal or business tax returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Historical business financial statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Business financial projections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ Date: _____
(Authorized Representative)

Name: _____ Title: _____
(Authorized Representative)

APPLICANT PERSONAL FINANCIAL STATEMENT

Submitted to:

WISCONSIN DEPARTMENT OF COMMERCE

Name: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature: _____ Date: _____

ASSETS		LIABILITIES	
Cash (Schedule 1)	\$	Secured Notes Payable (Sch. 5)	\$
Listed Securities (Schedule 2)		Unsecured Notes Payable (Sch.5)	
Unlisted Securities (Schedule 3)		Accounts Payable	
Real Estate Owned (Schedule 4)		Unpaid Income Taxes	
Automobiles		Real Estate Mortgages (Sch. 4)	
Personal Property		Real Estate Taxes	
Cash Value Life Insurance		Credit Cards	
Vested Profit Sharing/Pension		Other Debts (list below)	
Other Assets (list below)			
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

INCOME:		CONTINGENT LIABILITIES:	
Salaries/bonuses	\$	Endorser/Co-maker/Guarantor	\$
Dividends/interest		Legal Claims	
Other:		Other:	

PROJECT BUDGET

Project Activities *	Date of Past Costs	Commerce Grant	Source of Matching Funds				Total Dollar Amount
			Applicant	Public Funds	In-Kind	Other	
Site investigation							
Remediation							
Monitoring							
Asbestos Removal / Abatement							
Purchase							
Demolition							
Rehabilitation							
Infrastructure							
Other:							
Subtotal							
Other Activities **							
New Construction							
Private Investment (i.e. equipment)							
Grant Administration / Project Overhead							
State Reimbursable Environmental Costs (e.g. PECFA, DERF, ACCP)							
Other expenses:							
Total							

* **Project Activities** are those activities reimbursable through the Brownfield Grant. The Department will remove ineligible budget items.

** **Other Activities** are those activities that demonstrate the financial investment necessary for redevelopment, but are not reimbursable through the Brownfield Grant.

Substitute **W-9**

DO NOT send to IRS

Taxpayer Identification Number (TIN) Verification

Print or Type

This form can be made available in alternative formats to qualified individuals upon request.

Legal Name: (as entered with IRS)

Individuals: Leave Blank

Sole Proprietorships: Enter Business Name

All Others: Complete only if doing business as a D/B/A

Trade Name:

Individuals: Leave Blank

Sole Proprietorships: Enter Business Name

All Others: Complete only if doing business as a D/B/A

Remit Address: Address where check should be sent if different from primary address PO Box or Number and Street, City, State, ZIP+4

Order Address: Address where order should be mailed
PO Box or number and street, City, State, ZIP+4

[NOT APPLICABLE]

Primary Address: Address where 1099 should be sent if different from remit address

PO Box or number and street, City, State, ZIP+4

Entity Designation: (check only one) Required

- ☐ Individual / Sole Proprietor
☐ Corporation (includes service corporations)
☐ Limited Liability Partnership
☐ Limited Liability Corporation
☐ Government Entity
☐ Hospital Exempt from Tax or Government Owned
☐ Long Term Care Facility Exempt from Tax or Government Owned
☐ All Other Entities

Taxpayer Identification Number (TIN):

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the Requester.

Check Only One Required

- ☐ Social Security Number (SSN)
☐ Employer Identification Number (EIN)
☐ Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)

Certification: Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, AND
2. I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a US resident alien).

Printed Name

Printed Title

Telephone Number

()

Signature

Date (mm/dd/ccyy)

For Agency Use Only

Agency Number

Contact

Phone Number

Change ☐ Name ☐ Address ☐ Other (explain)

For all projects approved by Commerce, this form is used as a reference for issuing checks to Recipients. Commerce will file with the IRS appropriate income tax forms for award Recipients based on information that appears on this form. Failure to provide this information may result in delayed payments. This request is being made at the direction of the Wisconsin State Controller. We are required to inform you that failure to provide the correct Taxpayer Identification Number (TIN) / Name combination may subject you to a \$50 penalty assessed by the Internal Revenue Service under section 6723 of the Internal Revenue Code. Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.